

ADVISORY COMMITTEE ON THE READJUSTMENT OF VETERANS

October 2005 Meeting Minutes

I. Summary of Agenda:

- A. The referenced Committee conducted a regularly scheduled meeting in Washington, DC on Thursday, October 27 and Friday, October 28, 2005. In attendance were Michael DePaulo, Art Fillmore, Daniel Lindsey, Robert Maras, Carlos Martinez, David Pryce, Candice Ross, John Shannon, Artie Shelton, and John Sommer.
- B. The two day agenda featured (1) presentations by VA officials on identified topics and (2) Committee executive sessions.
- C. Presentations included the following in order of appearance:
 1. John Brown, Director of VA's Office of Seamless Transition, briefed the Committee on three current initiatives to facilitate the transition from active military service to veteran:
 - Collaborative initiative between DoD and VA for transfer of individual identifying information and medical information from DoD to VA regarding lists of service personnel undergoing the Physical Evaluation Board (PEB) and about to become veterans.
 - Partnership between DoD and VA to implement the Post-Deployment Health Reassessment (PDHRA) survey. The PDHRA is administered by DoD to follow-up on any post-deployment health problems among the ranks of returning service personnel. VA's role in this endeavor is to provide outreach on-site where the PDHRA is administered and to facilitate referrals as indicated for VA health care, readjustment counseling and/or benefits.
 - Collaborative initiative between VA and the National Guard Bureau to develop working agreements with state governments to improve services to returning National Guard personnel. A memorandum of Agreement has been signed and the building of NG and VA coalitions at the state level is underway.

Mr. Brown was accompanied by Marianne Mathewson-Chapman, Ph.D. and Col. Terry C. Washam. Copies of Mr. Brown's slides are attached to these minutes for reference.

2. Col. Charles W. Hoge, M.D., Chief of Psychiatry and Behavioral Science, Walter Reed Army Institute of Research, met with the Committee to review his recent empirical findings regarding the war-related mental health problems found in returning combat soldiers from Afghanistan and Iraq. Dr. Hoge's slides are attached to these minutes for reference with the caveat that the distribution of this information is limited to internal use by the Committee to formulate recommendations for submission the Secretary of Veterans Affairs. Dr. Hoge's data is pre-publication and not for general public consumption at this time.
2. Stephen Simmons and Bradley Flohr, program representatives from VBA's Compensation and Pension (C&P) Service, provided the Committee with an update on (a) PTSD claims activity for all veteran eras, (b) all claims activity for OEF/OIF veterans and (c) information about the current OIG initiated review of veterans documentation for PTSD claims. Major findings include for following:
 - A total of 244,874 claims are currently service connected for PTSD for all veteran eras.
 - Out of a total of 101,235 claims filed by OEF/OIF veterans for all conditions, 64,810 have been granted service connection. Of the latter, 3,986 have been service connected for PTSD.
 - An OIG review of 2,100 PTSD service connected claims found that 25% lacked required rigor in documenting stressors. In general problems were detected in VA's documentation of verification of stressor, current medical condition and level of un-employability.
3. Dr. Alfonso R. Batres, Ph.D., M.S.S.W., Chief Readjustment Counseling Officer, presented the Committee with an update on Vet Center program initiatives specifically regarding the extension of services to returnees from OEF/OIF in Afghanistan and Iraq. The RCS presentation highlighted the following program information:
 - In FY 2005 the Vet Centers collectively served 137,037 veterans of all eras and provided 1,047,675 visits to veterans and family members.
 - In the wake of the hostilities in Afghanistan and Iraq, the Vet Centers have seen over 50,000 veteran returnees from OEF/OIF combined since 2003 when Secretarial authority was granted to serve these veterans. In FY 2005 alone, 33,465 of these veterans were seen in Vet Centers.

- Since the onset of the hostilities in Afghanistan and Iraq, the Vet Centers have prioritized providing timely and effective services to veterans of the Global War on Terrorism (GWOT) returning from combat duty in Afghanistan and Iraq. Early intervention via outreach and preventive counseling services help returning veterans stabilize their post-military family and work lives, thereby reducing the risk of subsequently developing more chronic forms of PTSD and associated family problems. The augmented Vet Center outreach campaign currently underway via the activities of 100 GWOT veteran outreach workers are now averaging over 6,500 outreach contacts each month with newly returning OEF/OIF veterans and their families.
 - An indicator of the Vet Center emphasis on outreach to OEF/OIF veterans is the rate of market penetration. It took RCS from 1991 to 2005 to see 10 percent of the 603,820 veterans who served in ODS. RCS initiated outreach efforts to OEF/OIF in late 2003, and, by the end of 2005, had already seen 10 percent of veterans discharged. So it took 14 years for RCS to see 10 percent of ODS veterans, compared to 2.5 years for OEF/OIF.
 - Following an increase in demand for Vet Center services from returning OEF/OIF veterans, Vet Center counselors system-wide are now averaging 6.8 client visits per day, per counselor.
 - Following Secretarial authorization in August 2003, the Vet Centers are also actively providing bereavement counseling to surviving military family members whose loved ones were killed on active duty in Afghanistan and Iraq. Since the inception of this program, the Vet Centers have provided assistance to over 780 surviving family members of over 500 service members killed on active duty.
4. The Committee was provided with a VA mental health update regarding (a) current levels of special VAMC-based PTSD programs and (b) the mental health workload trends with OEF/OIF veterans. This information was provided by Dr. Antonette Zeiss, Ph.D., the Deputy Chief Consultant for VA's Office of Mental Health Services. In FY 2004 VA medical centers treated a total of 274, 285 veterans for PTSD. This represents 20% of all veterans treated for mental health problems. At the end of 2004 there were 144 specialized PTSD programs system-wide and available in every state. Dr. Zeiss's slides are attached to these minutes for reference.
 5. Deputy Secretary Mansfield and Principle Deputy Under Secretary for Health Kussman also met with the Committee to provide perspectives and comments from VA's national leadership.

D. Committee executive sessions focused on the following topics:

- The importance of Committee field visits for fulfilling the provisions of its charter to represent the service needs of various veteran populations throughout the country. The Committee's discussions re-emphasized the priority for conducting field visits as a means for carrying out its mandate to veterans. Field visits afford Committee members the opportunity for direct access to information related to (1) veterans' needs and service-related concerns, and (2) VA program operations. Committee evaluations in this regard are guided by service delivery outcomes of direct value to veterans such as **access to care, technical quality, functional status, and veteran satisfaction.**
- Review of the Committee's meeting minutes from February 2005, the Committee's 9th Annual Report to Congress and the Committee's updated charter. Based upon the information presented, the Committee also formulated recommendations as presented below in Section III for its 10th annual report due next March 2006.

II. General Action Items:

A. The Committee requested to conduct either its next meeting or the one following in the field to directly interact with veterans and VA service providers. The Committee's objective in this regard is to directly assess veterans' service needs and the availability of VA services to meet these needs via onsite visits to VA facilities and local veterans' groups. However, due to other conflicting logistical contingencies, the Committee's next meeting is being targeted for February 2006 in Washington DC, to be followed by a field visit later in the year.

B. The Committee requested receiving a presentation from the Assistant Secretary for Veterans Employment and Training from DoL as an agenda item for its next meeting. The Committee also suggested that veterans' employment be underscored as a main component of veterans' readjustment and so represented in the section of the Committee's annual report dealing with the "VA Service Functions of Value for Veterans' Readjustment".

III. Summary of Recommendations, February 20, 2005

The Committee again commends VA for establishing a Seamless Transition Program Office to engage in active partnerships with the Department of Defense (DoD) to ensure a transfer of returning battle wounded soldiers into the VA system of health care and benefits that is timely, effective and responsive to the needs of this new era of war veterans. Based on information provided by its Director, the Committee further acknowledges the

significant achievements made by the Office of Seamless Transition in effectively staffing the office and producing outcomes of value to veterans for transitioning service members with war-related disabling conditions processing through the PEB.

1. The Committee recommends that VA continue to fully support institutionalization of the service activities and functions of the Seamless Transition Program Office. Given that full implementation of an interagency system of seamless transition from active military to veteran status is contingent upon timely transfer of relevant information from the military to VA, the Committee recommends that VA and DoD continue ongoing collaboration to fully implement a system of automated information exchange compatible to the needs of both agencies to include the following categories of information:

a. The Committee recommends that VA and DoD continue collaborative efforts to establish full and timely electronic transfer of individual military medical information, to include relevant military medical records with specific diagnoses made and treatments provided.

b. The Committee recommends that VA and DoD work together to establish a system for automated transfer of military experience information to include years and branch of service, military occupation specialty, military awards, campaign ribbons and/or unit citations, POW status and/or membership in special operations units. Specific documentation of the period and location of service provides vital information needed to establish possible war-related stresses associated with types of combat military operations such as wars, armed conflicts and/or peacekeeping missions under hostile conditions. Documentation of specific periods and locations of service also provides vital information as to natural environmental hazards related to weather and terrain, war-related environmental exposures, any other adverse medical conditions and war-related traumas, physical and psychological.

c. To promote effective and timely outreach, the Committee recommends transfer of demographic and geographic information regarding total troop strengths for particular conflict operations broken out by gender, ethnicity, branch of service, and by Active Military, National Guard and Reserve. Also important in this category is geographic information about the number of demobilizing military personnel, the localities of specific demobilizing units and demobilization sites, and the service member's home locality information by state, city and zip code. The latter information enables VA outreach workers to target the populations of those service men and women soon to become veterans eligible for VA services.

2. Given that over 40 percent of the Nation's current military force is comprised of National Guard and Reserve Component personnel, and that these service members tend to be on the average older, married with families

and established employment careers, the Committee recommends that the Under Secretary for Health ensure full and adequate funding for Vet Center outreach programs specifically targeted to inform and engage returning NG and Reserve soldiers.

3. Given the centrality of employment concerns among the readjustment problems of older returning NG and Reserve troops, the Committee recommends that VA's Office of Seamless Transition include the Office of Veterans Employment and Training of the Department of Labor as a full interagency partner in their efforts to coordinate a seamless transition for new veterans.

4. Given that NG and Reserve personnel are under separate leadership hierarchies, the Committee recommends that VA outreach efforts be specifically tailored for the two service components and coordinated with the unique command structures of each of the military organizations.

5. In view of the Vet Center program's central role in providing outreach and early intervention to returning war veterans and Given Dr. Hoge's findings related to the psychological stigmas of many combat soldiers against accessing professional help for war-related problems, the Committee recommends that VA fully support the Vet Center program's GWOT outreach campaign with sufficient staff and other resources. The Committee further recommends that such resources be external to the Vet Center program's current operating budget and be converted to career for all 100 GWOT outreach workers.

6. Given that Vet Centers are engaged in conducting an aggressive outreach program and that Vet Center counselors are providing services at close to capacity, the Committee recommends that VA provide resources external to the Vet Center program to establish new Vet Centers and to augment staff at existing Vet Centers. The Committee further recommends that the sites for new Vet Centers and staff augmentation be strategically identified in conjunction with the Readjustment Counseling Service based on such criteria as large veteran populations currently underserved, underserved rural areas, and proximity to military demobilization sites.

7. In view of the central role played by Vet Center staff volunteers in responding to national emergencies over the years and in view of the relatively small size of the program's scarce human resources, the Committee recommends that VA provide resources as necessary to support a more permanently established Vet Center emergency response program. In the Committee's view this would include resources for training and certifying a larger cadre of qualified staff, travel funds to sufficiently support mobilizing and housing response teams for several weeks, local travel funds to support

outreach, case management and coordination in devastated areas, and funds to temporarily back fill vacated staff positions at Vet Centers.

8. The Committee understands the deleterious impact of Hurricane Katrina on the readjustment of troops from the Louisiana National Guard returning from a tour in Iraq at the same time. In this regard, the Committee commends the Vet Center program for its efforts to coordinate with active military and local National Guard officials and to provide outreach and debriefing services for several thousand Louisiana National Guard soldiers at the Ft. Polk demobilization site. Many of these soldiers from the New Orleans area required additional counseling services related to loss of property and family members, or both. Also, the associated anarchism and loss of community in New Orleans was an added stressor for many soldiers returning from war. The Committee recommends that destruction of American communities due to disaster, natural, civil, and/or terrorist, be recognized as serious stressors affecting the readjustment of war soldiers, and that the Vet Center program's response in such situations be fully supported via sufficient resources.